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Director of Training

1 July 1960

Chief, Assessment and Evaluation Staff

A&E Staff Relations with the Medical Staff

1. I have kept you informed on the relationships between this office and the Psychiatric Division of the Medical Staff ever since the IO Report of last year recommended the close coordination of the A&E Staff with other individuals in the Agency performing psychological services. As you will recall, my previous reports have always indicated that the cooperation between A&E and the Medical Staff has been good since I assumed responsibility for the staff. We have occasionally exchanged information on cases and visited each other's staffs for briefings and conferences. However, this relationship was abruptly interrupted last month when the Medical Staff took certain actions which disrupted our activities on a project in which the A&E and Medical Staffs were jointly participating. The circumstances concerning these actions were as follows.

2. Last December we were requested by Mr. [REDACTED] to perform the psychological assessment on members of a special project which was being planned by [REDACTED]. From the general assessment requirements provided by [REDACTED] we designed a psychological test and questionnaire battery which [REDACTED] later arranged to have interpreted into Spanish. Beginning early this year, [REDACTED] and I attended the [REDACTED] meetings of the group which was to perform the assessment of the individuals to be used on the special project. [REDACTED] a psychiatrist from [REDACTED] staff, and Dr. [REDACTED] were among those present at most of these meetings. From the beginning, both A&E and the Psychiatric Division were asked how much time they would require for each individual. I stated that we would need up to a day for group testing, plus one-half day for interviewing and other activities for each individual. The Psychiatric Division stated on numerous occasions that two hours per individual would be sufficient for their purpose.

3. At the last meeting of this group at headquarters (9 May 1960), the time requirement was restated by both groups. [REDACTED] also pleaded at this time for teamwork and full cooperation of all participants of the assessment staff when they arrived at the site. He encouraged free exchange of professional opinion. I indicated my complete concurrence with this position.

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SUBJECT: A&E Staff Relations with the Medical Staff

4. Immediately following that meeting, [redacted] and I were approached by [redacted] who had not been in attendance at any previous meetings, and [redacted]. We were asked what tests we were going to administer, and we informed them. [redacted] asked whether he could use some of the results of our testing battery, specifically what we refer to as the [redacted], and the [redacted]. I informed him we would be glad to let them use them data. At this time [redacted] indicated that he might have to have the [redacted] form translated and administered at the site. This was the first indication that the Medical Staff intended to administer any testing instrument or questionnaire.

5. On 19 May, the assessment staff held its first planning meeting at the assessment site for the purpose of setting up a procedure on the medical, psychiatric, psychological, and polygraph examinations. (FI, CI, and TSD debriefings were also scheduled.) The Medical Staff requested that the assesses be assigned to them first for physical examinations. I suggested the possibility of administering our test and questionnaire battery to part of the group concurrently, but [redacted] stated that he would like to have the group first. He pointed out that he could be working on them while the physical examination was being conducted. We all agreed to the Medical Staff's request. Two days after the assessment started, A&E received the first group of ten men who had been through the Medical Staff. After administering a few tests to the first group, the form for the [redacted] was passed out. The assesses stated they had already completed this. When shown the remainder of our battery of [redacted] cards and [redacted] they stated they had already completed these also for the Medical Staff. We discontinued the testing immediately and dismissed the group.

6. [redacted] and I went directly for a conference with Dr. [redacted]. We pointed out that they had stated on a number of occasions they were not going to administer any forms to this group, and that we had agreed to give them the data which they had already collected. It was pointed out also that we had been put into an awkward position with the assesses by requesting the same information from them which they had already given. [redacted] showed us the test battery that they were administering, which included the instruments referred to plus numerous others which would permit them to do a complete psychological assessment. When I pointed out to them that the agreement I had understood was that they were to do the psychiatric screening, and we were to do

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SUBJECT: A&E Staff Relations with the Medical Staff

the psychological assessment, [REDACTED], who has only been with the Agency a short time, seemed to be completely confused by the relationships between the A&E Staff and the Medical Staff. He appeared to be sincerely interested in avoiding any controversy.

[REDACTED] answered my queries by irrelevantly asking what we [REDACTED] which [REDACTED] the DD/P.

In the exchange between [REDACTED] and myself which followed, [REDACTED] stated that they had changed their plan because he had decided after the last meeting of the assessment group at headquarters that [REDACTED] wanted more from them than the initial screening that they had planned. (The case officer conducting that headquarters meeting later told me that he had definitely not changed his requirements in this regard.) Therefore he was now administering eight hours of written work for each individual. I responded that this matter should have been brought up at that meeting, which had been held for the purpose of summarizing our responsibilities and clearing up any ambiguities. We came to no understanding concerning the differentiation of our roles in the project. In conclusion I agreed not to make a protest of their actions to the case officer in charge of the site, providing we received all the information from the instruments which we had originally intended to administer ourselves. [REDACTED] agreed to this and promised to have translations of the data on the first ten people sent to us the next morning. We did receive this information from [REDACTED] on seven of the first ten cases. After that we received no data on any of the cases which were completed at the site.

7. The policy of the case officer in charge at the site was to review the results from the entire assessment staff—polygraph results, CI and FI debriefings, in addition to the Medical and A&E Staff findings—at a conference attended by all the staff members who had participated in the actual assessment. At these meetings, [REDACTED] gave a psychiatric assessment of the cases he had completed. [REDACTED] on the other hand, gave a complete psychological assessment on the cases that he had done. (Note: [REDACTED] did one-half the cases and [REDACTED] did one-half, so they did not report on the same cases.) [REDACTED] and I gave as complete a psychological assessment as we could with our limited data. However, it became evident at the meetings that we were at a great disadvantage because of the lack of information which the Medical Staff had maneuvered us out of.

8. I left the site after two weeks and was replaced by [REDACTED] of our staff. [REDACTED] remained on. By this time

SUBJECT: AAE Staff Relations with the Medical Staff

25X1A9a it had become evident that no further data was to be received
25X1A9a from [REDACTED]. Before I left, I took this matter up with
[REDACTED], who was the case officer in charge. I pointed
out that the original arrangement we had had in Washington of
one-and-a-half days for a psychological assessment and a two-
hour psychiatric interview had not been kept. He stated that it
was not his intention that there was to be any change in the
original plans. The requirements which he had placed upon AAE
and the Medical Staff had at no time changed. However, it was
his judgment that this was a professional problem to be resolved
by the AAE Staff and the Medical Staff. He did not want to be
put in a position of telling any professional individual what
data he required to perform his part in the assessment. I
pointed out that I could not ask our staff members to remain
on when they did not have adequate information to do their work,
particularly when they were being put in a very awkward situation
by [REDACTED] who had a wealth of information on all the subjects.
[REDACTED] decided upon the following action: he would request
at the next meeting of the assessment group that all data gathered
on each case be put into an envelope and passed on to the next
member of the assessment team. In this way, the AAE psychologists
would have all the data which the Medical Staff had. We all
agreed to this at the next meeting of the assessment group, and
I departed from the site believing that our psychologists would
get the data they required to do their work. After the meeting,
25X1A9a [REDACTED] of the Office of Personnel, who was working with
the Medical Office as an interpreter, asked if we wanted all the
data for each case. I informed him that we would be glad to
have it. He replied that they had about "one-hundred pages" of
written material on each individual, and that much of it was not
being used, but would be analyzed further after it had been
returned to headquarters.

25X1A9a 9. [REDACTED] returned to headquarters on
20 June after all the assessments had been completed. Dr.
25X1A9a [REDACTED] reported that no change had taken place concerning the
transmittal of data from the Medical to the AAE Staff after I
departed from the site. The system set up by [REDACTED] had
never been put into effect. [REDACTED] had been
25X1A9a replaced by [REDACTED]. The relations between
these two individuals and the two AAE psychologists was apparently
good otherwise.

25X1A9a 10. [REDACTED] was on leave when I returned to headquarters,
and I was not able to discuss this matter with him until 29 June.

SUBJECT: A&E Staff Relations with the Medical Staff

25X1A I reviewed with him briefly what I thought the understanding had been at our [redacted] headquarters meetings as to the differentiation between the responsibilities of the A&E Staff and the Psychiatric Division. I also recalled his plea for cooperation when we arrived at the site, and then related to him what had actually happened. He stated that he had heard of no changes in the plans of the Medical Staff prior to their departure from headquarters, and had heard nothing of the incident I described. He further stated that he was absolutely sincere in the plan which he made for teamwork and professional cooperation. He also indicated that he was not in a position to take any action on this matter.

11. Conclusions. I can draw no other conclusions from the incidents described above than that this was a definite attempt by the Medical Staff, particularly on the part of [redacted] to take over the psychological assessment function assigned to us. There was ample time between the 9 May headquarters meeting and our arrival at the site to notify the [redacted] case officer and us of any changes in their plans for participation in the project. There was also an opportunity to bring this out at the site before the program started. Instead, after insisting on being the first to receive the individuals in the assessment process, we were faced with a fait accompli. We were then in the position of having to compete rather than cooperate with them. Although we were at a great disadvantage because of the paucity of data in our possession, I believe we made our contribution. I have been assured by Carl [redacted] that he relied heavily upon our recommendations. He informed me before I left the site that he had personally requested the A&E Staff to participate in this project because of his respect for the contributions made by [redacted] when the two of them worked together on [redacted].

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12. I believe that this was a most unfortunate incident to have occurred while we were in the field. The professional controversy involved, and the attempt by the Psychiatric Division to define roles while in the field put the case officer in charge in an extremely awkward position. I also believe this type of action does a disservice to the psychological services in general in the Agency. It does not help the reputation of any of us involved in this activity, to make the operational project an arena for a professional battle.

13. The action by the Psychiatric Division caused considerable duplication, and even hardship at the site. Unquestionably the cases done by [redacted] all had a psychological assessment by both his group and by A&E. One psychological assessment would have

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SUBJECT: AAE Staff Relations with the Medical Staff

been sufficient. On the other hand, [REDACTED] psychiatric assessment performed on one-half the assesses appeared to be a perfectly appropriate role, and he did not appear to be duplicating our work. His assessments were primarily directed toward the emotional integration and the mental condition of the individual. The same situation existed when [REDACTED] were at the site.

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U. Finally, it is most unfair to the assesses to put them through a double psychological assessment. It was also most unfair to overburden the interpreter staff with these conditions, particularly when there was a definite shortage of interpreters. It was only by virtue of the willingness of the interpreter staff to be cooperative and work long, hard hours that we were able to get the support we needed in this regard.

[REDACTED]
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